## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1688 19676	
CSC 801 Adlai Stevenson Drive	
Springfield, IL 62703	Filed In: Alabama (Shelby)

20100822000308280

Test 19676  CSC 801 Adlai Stevenson Drive Springfield, IL 62703  Filed	20190822000308280 08/22/2019 12:50:45 PM UCC1 1/1					
				VE SPACE IS FOR FILING OFFICE USE ONLY		
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here and provide provide the land provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here and provide name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here				or's name); if any part of th tatement Addendum (Forn		
1a. ORGANIZATION'S NAME Growing Up Pediatrics, P.C.						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME  CITY  Birmingham		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
1c. MAILING ADDRESS 200 Riverhill Business Park #250			STATE	POSTAL CODE  35242	COUNTRY USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, for name will not fit in line 2b, leave all of item 2 blank, check here and provide all of all or				r's name); if any part of th tatement Addendum (Forn		
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	ST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE  3a. ORGANIZATION'S NAME Corporation Service Company  OR  3b. INDIVIDUAL'S SURNAME	·	ntative		DNAL NAME(S)/INITIAL(S	SUFFIX	
3c. MAILING ADDRESS P.O. Box 2576 uccsprep@cscinfo.com	CITY Springfield		STATE	POSTAL CODE 62708	COUNTRY	
4. COLLATERAL: This financing statement covers the following collateral: Secured Party has purchased certain "Future Recomment by cash, check, ACH or other electronic transment monetary payment in the ordinary course of Debto Debtor and Secured Party intend that the sale of Fourier Pursuant to the agreement between Debto that impairs the value of the Future Receipts or Secured Party intended to the Puture Receipts of Puture Receipts or Secured Party intended to the Puture Receipts of Puture Receipts or Secured Party intended to the Puture Receipts of Puture Receipts or Secured Party intended to the Puture Receipts of Puture Receipts	ensfer, credit cansfer, credit cands researched in the cand secured or and Secured	ard, debit card, I s is a sale and n d Party, Debtor i	ot an assigns prohibite	charge card or o	other form of ity.	
	A H N N	Filed and Recorded Official Public Records Judge of Probate, Shelby Clerk Shelby County, AL 08/22/2019 12:50:45 PM S32.00 CHERRY 20190822000308280		County  ale: 5. Beyol		
	ıst (see UCC1Ad, item	17 and Instructions)		ered by a Decedent's Pers	·	
6a. Check only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction	□ A Dobtor io a	6b. Check only if applicable and check only one box:  Transmitting Utility  Agricultural Lien  Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign				censee/Licensor	

8. OPTIONAL FILER REFERENCE DATA:

1688 19676